

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				1
3	1					
4		1			1	
5		1				
6		1				
7		1				
8		1				
9		1				
10	1				1	
11		1				1
12		1				
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47						
48						
49						
50						
TOTAL IND.					4	
TOTAL DEP.					20	
TOTAL CLAIMS					24	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS